

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>10/4/95</u>		2 Serial/Patent # <u>08/52186</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	
		6 AMOUNT		
		<input checked="" type="checkbox"/> Filing	<u>8-31-95</u>	<u>\$1889.00</u>
		<input type="checkbox"/> Amendment		\$
		<input type="checkbox"/> Extension of Time		\$
		<input type="checkbox"/> Notice of Appeal/Appeal		\$
		<input type="checkbox"/> Petition		\$
		<input type="checkbox"/> Issue		\$
		<input type="checkbox"/> Cert of Correction/Terminal Disc.		\$
		<input type="checkbox"/> Maintenance		\$
<input type="checkbox"/> Assignment		\$		
<input type="checkbox"/> Other		\$		
		7 TOTAL AMOUNT OF REFUND		
		<u>\$1889.00</u>		
		8 TO BE REFUNDED BY:		
		<input type="checkbox"/> Treasury Check		
		<input checked="" type="checkbox"/> Credit Deposit A/C #:		
		9 <u>02--2666</u>		
10 REASON:				
<input checked="" type="checkbox"/> Overpayment				
<input type="checkbox"/> Duplicate Payment				
<input type="checkbox"/> No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Carmencita Robins</u>		TITLE: <u>Spcl Em</u>		
SIGNATURE: <u>Carmen Rob</u>		PHONE: <u>308-1172</u>		
OFFICE: <u>DNAR</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>Linda C. Conally</u>		DATE: <u>10/19/95</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: